

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-019920

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 143

Primary Registration District No. 4232

Registrar's No. 74

**FILED MAY 20 1963**

1. PLACE OF DEATH

a. COUNTY Howell

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Willow Springs

Length of stay in 1b  
Yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Home

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Howell

c. CITY OR TOWN Willow Springs

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
South Center Street

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

ANNA

ROBERTS

4. DATE OF DEATH

Month

Day

Year

May 10, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12/2/81

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months 5 Days 8

IF UNDER 24 HR

Hours 5 Min. 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housework

10b. KIND OF BUSINESS OR INDUSTRY  
Home

11. BIRTHPLACE (City and state or country)  
Mt. Pleasant, Iowa

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Joseph A. VanTrump

13b. MOTHER'S MAIDEN NAME

Harriett Psalms

14. NAME OF HUSBAND OR WIFE

Ed. Roberts (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Carl Ford, West Plains, Mo. (Lebo Rt.)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary

INTERVAL BETWEEN  
ONSET AND DEATH  
instant

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour 10:30AM  
a.m. 10:30 p.m. 30

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
Death occurred: at approx. 10:30AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Frank Cook  
(Degree or title)  
Frank Cook, Coroner

22b. ADDRESS

West Plains, Mo.

22c. DATE SIGNED

5/12/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/14/63

23c. NAME OF CEMETERY OR CREMATORY

City

23d. LOCATION (City, town, or county)

Willow Springs, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Burns - Willow Springs, Mo.

25. DATE RECD. BY LOCAL REG.

5/14/63

26. REGISTRAR'S SIGNATURE

Margie Ross

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300 Rev. 4/59	DATE AMENDED		
1 0465			
2 0465			
3			
4 1			
5 2			
6			
7 1			
8 2			
9 4201			
10			
11			
12 90-3			
13 3-0			

MAY 22 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed T. R. Burns *T.R. Burns*

Licensed Embalmer No. 4214

P. O. Address Willow Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.